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PTO/SB/81 (06-03)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/077,883
	Filing Date	2/14/2002
	First Named Inventor	Garrett Andrew Smith
	Title	BICYCLE CHAINRING FASTENER SYSTEM
	Art Unit	3602
	Examiner Name	Marcus Charles
	Attorney Docket Number	2607.006

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☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/80)

SIGNATURE of Applicant or Assignee of Record

Name	Garrett Andrew Smith
Signature	
Date	Nov. 11, 2003
Telephone	805-549-0807

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/077,665	
	Filing Date	Feb 14, 2002	
	First Named Inventor	Garrett Andrew Smith	
	Art Unit	3682	
	Examiner Name	Marcus Charles	
Total Number of Pages in This Submission	2	Attorney Docket Number	2607.008

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT by Thomas F. Lebens (Reg. No. 38221)
Signature	
Date	January 13 2004

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